

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Department of the Treasury
Internal Revenue Service

Part I General Information

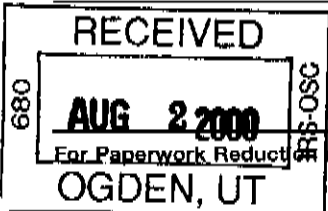
1 Name of organization OPERATORS ACTION FUND		Employer identification number 37 0347807
2 Mailing address (P.O. Box or number, street, and room or suite number) C/O IUOE LOCAL 318		
City or town, state, and ZIP code 3310 WATER TOWER RD MARION IL 62959		
3 E-mail address of organization iuoe318@midwest.net		
4a Name of custodian of records RON HERRING	4b Custodian's address 294 E NO NAME RD CARBONDALE IL 62901	
5a Name of contact person DEBBIE BENNETT	5b Contact person's address IUOE LOCAL 318 3310 WATER TOWER RD MARION IL 62959	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
ADVANCING THE INTERESTS OF THE TRADE OF OPERATING ENGINEERS; CHARITABLE DONATIONS TO RELIEVE
SUFFERING AND ADVANCE MEDICAL RESEARCH; TO PROVIDE EDUCATIONAL BENEFITS BY MAKING DONATIONS
TO EDUCATIONAL INSTITUTIONS; TO INFLUENCE LEGISLATION AND TO CONTRIBUTE TO CANDIDATES FOR PUBLIC
OFFICE; AND PROVIDE DEFENSE FOR THOSE PERSONS WHOSE INTERESTS ARE BENEFICIAL TO WORKING
PERSONS AND THEIR FAMILIES.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
IUOE LOCAL 318	CONNECTED	3310 WATER TOWER RD MARION IL 62959



Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

